

Chapter 18 + 19

21 pages (21:1)

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CHAPTER 18

Establishing Quality: Trustworthiness or Validity

Quality

All research is rightly open to scrutiny from its readers. Health researchers too must not only consider the 'truth value' of their studies but also demonstrate that it is credible and valid for professional practice, and that it has quality. Ways of reflecting on validity have reached a variety of conclusions. No single or unitary concept of validity exists in qualitative research which is comparable to its meaning in quantitative inquiry, and as Onwuegbuzie and Leech (2007: 233) state: 'to date, no one definition of validity represents a hegemony in qualitative research'; no one idea of validity dominates.

There are several distinct perspectives on the quality of qualitative research (Murphy *et al.*, 1998), some of which are listed below. Some believe that

- qualitative and quantitative research should be evaluated by the same criteria;
- qualitative research should be evaluated by criteria that have been specially developed for it;
- criteria should be rejected.

One group, for instance Maxwell (2005) and Silverman (2006) among many others, argues for the retention of the criteria of reliability and validity while arguing, at the same time, that these criteria cannot be directly translated from quantitative to qualitative research because qualitative inquiry has its own criteria by which it can be evaluated. Indeed validity in qualitative research has different implications and applications. Others (see Seale, 1999), reject evaluative criteria as inappropriate for qualitative inquiry and stress that contextualisation is most important. Although qualitative researchers are flexible and open minded, they are also advised to be systematic and well organised and through this the research gains validity.

Proponents of another group follow the ideas. Lincoln and Guba (1985 initially) and Guba and Lincoln (1989) developed the concepts of trustworthiness and authenticity as parallel and alternative criteria. Researchers will come across both groups of terms during their reading and therefore will have to know about

them regardless of the terms they themselves apply. However, a simplistic stance is sometimes taken, and concepts developed here are complex. Different qualitative approaches often take a variety of viewpoints on criteria of quality (Whitmore *et al.*, 2001). Sparkes (2001), too claims that there is no shared understanding of 'good' qualitative research. Researchers find difficulty agreeing on how to judge the 'validity' of qualitative research or how to present convincing evidence of its trustworthiness.

#### Conventional criteria

We will discuss the traditional criteria generally used in quantitative research, their meaning in qualitative inquiry and their alternatives. Trustworthiness and authenticity are more often used than validity and reliability in qualitative healthcare research, and they are discussed in detail later in the chapter.

- Rigour – trustworthiness
- Reliability – dependability
- Validity – credibility
- Generalisability (external validity) – transferability
- Objectivity – confirmability

Porter (2007) claims that standardising and establishing acceptable criteria for evaluating qualitative research enables writers to create mediating tools by which this type of inquiry can be judged by all readers including those who carry out quantitative research. This means that some form of 'criteriology', might be acceptable although criticised by some such as Seale (1999) or Sparkes (2001).

#### Rigour

The concept of rigour has its origin in science, and quantitative researchers use it because of its particular connotations with measurement and objectivity; hence it has a more appropriate place in quantitative research. In qualitative research rigour indicates thoroughness and competence. Sandelowski (1986, 1993) wrote two classic articles on rigour in qualitative nursing research. Her latter article recognises that the term rigour could imply inflexibility and rigidity and that researchers should not be too preoccupied with it. Instead she advises they should create 'evocative, true-to-life and meaningful portraits, stories and landscapes of human experience...' (p. 1), and she criticises 'the reduction of validity to a set of procedures' (p. 2). Indeed, excessive rigour may hinder creativity and artistry (Bradbury-Jones, 2007).

#### Validity

### Reliability

Reliability in quantitative inquiry refers to the consistency of the research instrument. It is also linked to replicability, that is, the extent to which the study is repeatable and produces the same results when the methodology is replicated in similar circumstances and conditions. As the researcher is the main research instrument in qualitative inquiry, the research can never be wholly replicable. Other investigators have different emphases and foci, even when they adopt the same methods and select a similar sample and topic area.

The researcher's characteristics and background will also influence the research.

#### Validity

Validity in quantitative research is seen as the extent to which an instrument measures what it is supposed to measure. In qualitative research the concept is more complex. Description and interpretation by researchers and truth telling by participants are all important.

One of the threats to validity is posed when collecting incorrect or incomplete data. The field diary must therefore be detailed and extensive. In interpretation, researchers are in danger of imposing their own ideas or distorting the meaning of the participants' accounts. Therefore it is important for the researcher to listen to the participants' voices and let them speak. Researchers hope that the stories of the participants are true; they do occasionally make mistakes or tell deliberately lies, though the latter seems to be rare. However, this does not mean that there is no truth as the participants describe their world as they see it from their own perspective in the context of their time and culture as well as their own biography. Researchers generally trust their participants even if they cannot prove the 'truth' of their tales. The description by the researcher should not only be plausible but also trustworthy. Researchers set aside their own thoughts and preconceptions about the phenomenon under study at some stage. Alternative and rival explanations to the researchers' own initial interpretation should be taken into account. Although researchers can never be fully certain that all threats to validity have been eliminated, awareness of these threats helps produce a valid piece of research.

To the term validity Hammersley (1998) adds that of *relevance* as a criterion for evaluating qualitative research. Relevance means that explanatory factors should have significance related to the purpose of the research and in solving the problems of practitioners in the discipline. The research must not only be meaningful but also useful for those who undertake it.

*Internal validity* is the extent to which the findings of a study are true, and whether they accurately reflect the aim of the research and the social reality of those participating in it. This can be established to an extent by taking the findings back to the participants (see the section on member check later in this chapter). The researchers can compare their own findings with the perception of the people involved and explore whether they are compatible. Bryman (2008: 376) adds 'the match between the researchers' observations and the theoretical ideas which they develop.' *External validity*, also called generalisability, is described in the next section.

#### *Generalisability or external validity*

This is the most contentious concept linked to validity. For some authors generalisability is not an issue to be discussed at length for they believe it is not relevant as they speak of specific situations and cases. For others, however, it is problematic. Most funding agencies and research committees in the UK National Health Service demand that the proposed research be generalisable, and this is understandable. If large amounts of money are given to researchers, funding bodies wish to know whether the outcomes are of general use in clinical practice and not just the results of 'blue skies' research undertaken for its own sake or only applicable to specific situations.

Generalisability exists when the findings and conclusions of a research study can be applied to other similar settings and populations, i.e. when they can be generalised across a variety of settings. The term has its origin in quantitative research with its random statistical sampling procedures. Random sampling ensures that the results of the research are representative of the group from which the sample was drawn. It is clear that this type of generalisability cannot be achieved in qualitative research in which sampling is purposive or, in grounded theory, theoretical.

Generalisability is difficult to achieve in qualitative research. Positivist and interpretive research differ in the sense that positivists seek law-like generalities while interpretivists focus on unique cases even though they might want to establish patterns. As much quantitative research – though by no means all – is carried out in the positivist tradition and uses deductive methods, it can be more easily generalised. Many qualitative researchers, however, do not aim to achieve generalisability as they focus on specific instances or cases not necessarily representative of other cases or populations. The case(s) may even be atypical. Indeed the concept of generalisability is irrelevant if only a single case or a unique phenomenon is examined. For instance, a nurse or physiotherapist may want to examine a particular phenomenon important for local practice and patients in a particular area rather than of interest to the whole country. However, the study can still be successful, because it highlights

specific non-typical features that can be related and compared to those of other, more typical cases.

Many qualitative researchers attempt to achieve some generalisability, however, because they feel that their research should be useful beyond their own studies. Strauss and Corbin (1998) speak of the representativeness of concepts and applicability of theory to other situations. This means that qualitative research can have external validity through 'theory-based generalisation'. Morse (1994) claims that theory contributes to the 'greater body of knowledge' when it is re-contextualised into a variety of settings. It involves the application of theoretical concepts found in one situation to other settings and conditions. If the theory developed from the original data analysis can be verified in other sites and situations, the theoretical ideas are generalisable. The findings from multi-site studies are, of course, more easily generalisable than those from a few unique cases from one setting.

#### *Objectivity*

This is a term often used in quantitative research. This means that the research is free of biases and relatively value neutral. Qualitative researchers do not find this concept very useful. Objectivity and neutrality are difficult to achieve, in fact, the values of researchers and participants become an integral part of the research, and they must openly acknowledge their own subjectivity. They do not conceal it but examine and then set it aside. Critical subjectivity, a term originally coined by Carr and Kemmis (1986) and later developed by other writers such as Reason and Heron (1995), is useful here. Although much knowledge is based on subjective experience it should not be accepted in a simplistic way but rooted in critical consciousness. Researchers do not disregard their subjectivity, they are aware of it and attempt to have self-reflexivity, so no prior assumptions can introduce bias in the study.

#### *Validity in various approaches to qualitative research*

The concept of validity is used in phenomenological research, but its meaning and the way in which it is ensured is less precise and prescriptive than in other forms of qualitative research. For instance, Dahlberg *et al.* (2001) state that the research report should not contain any internal contradictions if the researcher wants it to be seen as valid.

Research can be valid through intersubjective knowledge. Moustakas (1994) speaks of 'intersubjective truth'. He states (p. 57) that according to Husserl 'each can experience and know the other, not exactly as one experiences and knows oneself but in the sense of empathy and copresence'. Initially truth is based in the unique perspective of unique individuals and their self-knowledge. As individuals

inhabit the world of self and others, there is also communication with others. This enhances intersubjective understanding. If the research is to have validity, its readers will have learnt something of the human condition as well as recognise and grasp the essence of the phenomenon under study. This form of 'validity' is similar to, though not the same as the concept of 'ontological authenticity' described by Guba and Lincoln (1989) or that of 'thick description' by Geertz (1973).

In phenomenology and a number of other approaches such as grounded theory, internal validity (being faithful to the ideas of the participants) is a complex concept as the researchers always transform the data and take them to a different level from that of the participants when they describe the phenomenon or interpret the ideas of the participants. The researchers' ideas are more abstract and theoretical than those of the participants, and ultimately the researchers' description and interpretation is presented to the readers of the account, though they are grounded in the participants' thoughts and feelings. Lomberg and Kirkevold develop the ideas about validity in grounded theory, namely those of fit, relevance, and modifiability (see details in Lomberg and Kirkevold, 2003). Hope and Waterman (2003) discuss the re-conceptualisation of validity in action research, stressing the importance of contextualisation and rigorous application of the chosen approach. (It is not possible to develop ideas on validity in each approach, but we hope that researchers might gain more details from the references).

#### An alternative perspective: trustworthiness

It can be seen that the conventional terms used in quantitative research have different meanings in qualitative inquiry. Guba and Lincoln (1989), as stated before, go further than this and develop alternative terms and criteria. We will show how health researchers can attempt to demonstrate trustworthiness in the last section of this chapter.

#### Trustworthiness

Trustworthiness in qualitative research means methodological soundness and adequacy. Researchers make judgements of trustworthiness possible through developing dependability, credibility, transferability and confirmability. The most important of these is credibility.

#### Dependability

Lincoln and Guba (1985; Guba and Lincoln 1989) use the term dependability instead of reliability. If the findings of a study are to be dependable, they

should be consistent and accurate. This means that readers will be able to evaluate the adequacy of the analysis through following the decision-making processes of the researcher. The context of the research must also be described in detail. To achieve some measure of dependability an audit trail is necessary. This helps readers follow the path of the researcher and demonstrates how he or she achieved their conclusions. It also guides other researchers wishing to carry out similar research. Although the study cannot be replicated, in similar circumstances with similar participants, it might be repeated.

#### Credibility

Credibility corresponds to the notion of internal validity (see p. 252). This means that the participants recognise the meaning that they themselves give to a situation or condition and the 'truth' of the findings in their own social context. The researcher's findings are, at least, compatible with the perceptions of the people under study.

#### Transferability

Lincoln and Guba use transferability instead of generalisability. This means that the findings in one context can be transferred to similar situations or participants. The knowledge acquired in one context will be relevant in another, and those who carry out the same research in another context will be able to apply certain concepts originally developed by other researchers. It seems to us that the concepts of transferability and generalisability are not too different.

#### Confirmability

Confirmability has taken the place of the term objectivity. As the research is judged by the way in which the findings and conclusions achieve their aim and are not the result of the researcher's prior assumptions and preconceptions, Lincoln and Guba demand 'confirmability'. This again needs an audit or decision trail where readers can trace the data to their sources. They follow the path of the researcher and the way he or she arrived at the constructs, themes and their interpretation. For this, details of the research and the background and feelings of the researcher should be open to public scrutiny. When confirmability exists, readers can trace data to their original sources. Dahlberg *et al.* (2001) also demand intellectual honesty and openness from the researcher, as well as sensitivity to the phenomenon under study thus incorporating the idea of the audit trail although they do not explicitly call it this.



Trustworthiness, which relies on the methodological adequacy of the research, does not suffice according to Guba and Lincoln (1989), and therefore they add the concept of authenticity. A study is authentic when the strategies used are appropriate for the true reporting of the participants' ideas. Authenticity consists of the following:

1. *Fairness*: The researcher must be fair to participants and gain their acceptance throughout the whole of the study. Continued informed consent must be obtained. The social context in which the participants work and live also need to be taken into account.
2. *Ontological authenticity*: This means that those involved, readers and participants, will have been helped to understand their social world and their human condition through the research.
3. *Educative authenticity*: Through understanding, participants improve the way in which they understand other people.
4. *Catalytic authenticity*: Decision making by participants should be enhanced by the research.
5. *Tactical authenticity*: The research should empower participants.

A study is authentic when the strategies used are appropriate for the true reporting of the participants' ideas, when the study is fair, and when it helps participants and similar groups to understand their world and improve it. It means that there is new insight into the phenomenon under study.

Trustworthiness and authenticity are achieved by following certain strategies. Indeed Lincoln and Guba developed and systematised these within their writing. The concept of authenticity has not found the same response in qualitative research as the term trustworthiness, which is now popular as an alternative for validity in qualitative research, especially in the United States.

#### Strategies to ensure trustworthiness

There are a number of ways in which qualitative researchers can check and demonstrate to the reader whether the research is trustworthy. The most common strategies are the following (although not all of these are accepted by all qualitative researchers):

- Member checking
- Searching for negative cases and alternative explanations
- Peer review (also called peer debriefing)
- Triangulation

- The audit or decision trail
- Thick description
- Reflexivity

It is more likely that the study is trustworthy if researchers have been involved in the setting for a lengthy period of time as this may eliminate the reactivity of participants, because they learn to trust and are more likely to tell the truth, and also because their own assumptions can be examined in the process of prolonged engagement, persistent observation and immersion in the setting. This does not seem problematic for health professionals who are deeply involved with clinical practice. However, they occasionally bring preconceptions to the research and it is important to be aware of these.

#### Member checking

Throughout interviews and observations, a check is needed on the understanding of the data with the people who are studied. Researchers do this by summarising, repeating or paraphrasing the participants' words. They then ask whether the participants feel that the interpretation is a true and fair representation of their perspective. This is called a *member check* (Lincoln and Guba, 1985) or *member validation*. The main reasons for member checking are the feedback of participants, their reaction to the data and findings, and their response to the researcher's interpretation of the data which are obtained from them as individuals.

The specific purposes of member checking are

- to find out whether the reality of the participants is presented;
- to provide opportunities for them to change mistakes which they feel they might have made;
- to assess the researcher's understanding and interpretation of the data;
- to give the participants the opportunity to challenge the ideas of the researcher.

Feedback from others ensures the trustworthiness of the research, and a member check is one of the strategies for achieving this. The procedure will help avoid misinterpretation or misunderstanding of the participants' words or actions. If a member check is carried out, it is more likely that the researcher presents the participant's point of view. After all, the aim of the study is to give a 'convincing account' (a term used by Seale, 1999) of the participants' different perspectives.

There are a number of ways to carry out member checks:

- 1. The researcher presents participants with a transcript of their interview or fieldnotes of observations and asks them to comment on the contents. This

is a very time-consuming process, and research participants cannot comment on the researcher's interpretations of their perspectives. Although this is an acceptable procedure, we would not advise undergraduates to do this, because of the time it takes.

2. The interviewer can give the participants a summary of their interview, and his or her own interpretation of their words. This is a more useful way of confirming the ideas and the meaning of the account. The interviewers can discuss their own interpretations and discuss the meaning of the participants' words and actions. It is a check on the understanding of the account. Participants may change meaning and correct errors. The check may also add clarity or trigger and extend ideas that go beyond the original interview. The comments can be included in the final report.
  3. The researcher might present the final copy or substantial sections of the report and ask the participants to comment on the contents. Again, this is a lengthy process that demands time commitment and thought from participants, which they may not be able or willing to give. Although all or any of these procedures could be employed, we would suggest the second strategy as the most practical. Member checks do not only help in achieving validity in the study, but they also empower participants and give them control to confirm their words and actions and thus some control in the research itself. Member checking demands a large time commitment from both participant and researcher.
- However rigorous and detailed the member check, some problems are inherent in it:
- The researcher's and participants' perspectives may be different.
  - The reactions of participants may be defensive.
  - The close relationship with the researcher may prevent the participant from adopting a critical stance.
  - Perceptions may change over time.
  - The researcher develops second-order concepts and theories.

Sandelowski (1993) sees member checking as problematic and complex. She points to the fact that participants and researchers have a different agenda. Members are more interested in their own unique experiences. Researchers wish to portray 'multiple realities', while still representing the experience of each participant.

Some of the issues related to member checks pose ethical dilemmas for the researcher. Participants might become aware and anxious that they have disclosed ideas that might be judged as unacceptable by the researcher or a reader of the report. They might hesitate to disagree because they have built up a close relationship with the researcher whom they see as a friend. Also, if the

member check does not take place at an early stage after collection or analysis of the data, the participants might have changed their perceptions, and the researcher has to start again. Change over time is, of course, one of the reasons why several interviews are better than one, and why prolonged engagement in the setting is useful.

Researchers present the participants' perspectives and the meaning they give to their experiences; however, the data are also transformed so that they become uniquely the researcher's who takes them to a more abstract, theoretical level. Bryman (2008) sums up the problematics of member checking. He claims that researchers write for a readership of scholars and peers. This means that they always take the research to the level of developing concepts, an etic view which includes but goes beyond the participants' perspectives. He also suggests that participants may be defensive of their words or reluctant to be critical and change their minds.

#### Searching for negative cases and alternative explanations

It enhances the validity of the research if the researchers identify data that do not easily fit into the developing theory or their own ideas. There may also be contrary occurrences that do not easily fit into developing patterns. These may provide alternative explanations. In the critical analysis, researchers may find notions and events that do not fit their explanations and challenge the themes and patterns arising from the data. It means thinking about other possibilities. Data that confirm as well as those that challenge and disconfirm have to be examined. Researchers will have to explore whether conclusions gained from them are appropriate. Indeed, even if there is just one case that does not fit or fits a rival explanation, researchers should try to revise their interpretations so they can become confident that the explanations or interpretations derived from the data are the most valid and plausible and can also account for the alternative case.

Negative or deviant case analysis involves addressing and considering alternative explanations or interpretations of the data, especially those which may be contrary to their own view of reality. Working hypotheses or propositions and search for alternative explanations can then be revised. Single or few 'dissenting voices' included in the final report demonstrate the complexity of the research. Negative case analysis always presents challenges: It is not easy to become aware of discrepant data and negative or alternative cases, but at some stage researchers must stop searching when they feel they have exhausted the alternative possibilities and can account for all the cases including those that are 'deviant'.

It is also useful to employ the strategy of peer review or 'peer debriefing' as Lincoln and Guba (1985) called it. This means that colleagues who are



competent in qualitative research procedures re-analyse the raw data, listen to the researcher's concerns and discuss them. Peers can be given the draft copy at the end of the research. They might detect bias or inappropriate subjectivity and try alternative explanations to the researcher's own working propositions and warn them against the attempt to 'fit' interpretations and explanations that cannot be substantiated by the data.

#### Example of peer debriefing

Holloway, Sofaer and Walker carried out research with people who had chronic back pain. After the collection of the data, they analysed them individually and then decided together to use those categories that in their collective view best described the experience of the participants.

Holloway *et al.*, (2007)

The example cited above shows that peer review is not problematic when colleagues who review have been involved in the research. Morse (1994) states, that it can become more difficult if peers have not had any direct connection with the study, as they are less able to judge from the outside. However, peer review can be a useful tool to confirm some of the main ideas emerging from the research and to ensure coherence and plausibility.

Another important strategy to establish validity is to adopt triangulation procedures. Triangulation is the process by which the phenomenon or topic under study is examined from different perspectives. Triangulation in research means that the findings of one type of method (or data, researcher, theory) can be checked out by reference to another. This will provide a way of establishing whether there is generalisability in the research although researchers do not necessarily aim for this. Denzin (1989) differentiates between several types of triangulation as listed below.

*Data triangulation*, where researchers use multiple data sources and obtain their data from different groups, settings or at different times (multiple sources of data). Data triangulation is the most common way of triangulating.

*Investigator triangulation*, when more than one expert researcher is involved in the study. This is common in larger studies but rarely happens in student projects or theses.

*Theoretical triangulation*, when the researcher employs several possible theoretical interpretations in the study. Competing explanations or interpretations are developed and tested against each other to find the one which is most likely to describe or explain the phenomenon.

*Methodological triangulation*, when researchers use two or more methods in one study to answer a similar question (observations, interviews, documents, questionnaires). These are either between-method or within-method triangulation (see below).

The last method in the list is most often used in a small-scale dissertation. Researchers might consider confirming findings using one method with the findings of another. It is not always necessary, though occasionally desirable, to use quantitative methods to confirm qualitative findings, that is, using 'between-method' triangulation. Morse (2001: 210) gives a number of possibilities for triangulation, each of which has different emphases. Studies using quantitative and qualitative methods can be used simultaneously or sequentially depending on the main direction of the research and its underlying assumptions. Morse claims (p. 209) that they may generate 'a more complete understanding'.

#### Example of between-method triangulation

Not only does Williamson (2005) discuss the concept of triangulation but he also tries to illustrate its use in nursing research, in a mixed method action research study. In his study on the work roles of lecturer practitioners in a university and a healthcare setting, he employed a number of strategies. The between-method strategies included questionnaire surveys as the quantitative element, while he also used focus group interviews, diaries and other techniques.

However, it is more common to check observations with answers from qualitative interviews or documents and thus stay within the same methodology; this is called 'within-method' triangulation. It can include interviews and observations, diaries or other data sources. Indeed some researchers might argue that this has better 'fit' with the research view of qualitative researchers.

#### Example of within-method triangulation

Cloherly *et al.* (2004) developed an ethnographic study which aimed to explore mothers' and healthcare professionals' expectations, beliefs and actions concerning the supplementation of breast feeding of babies in a postnatal ward and new baby unit. The strategies adopted were both interviewing and observation of mothers and professionals. Observed behaviour was analysed and interviews took place with mothers and health professionals.

Triangulation takes place when the same phenomenon has been examined in different ways or from different perspectives. Triangulation does not, of course, automatically demonstrate the trustworthiness of the study. It is used to give more depth to the analysis and enhance its validity, although it cannot guarantee it.

## → The audit or decision trail

All research should have an audit trail by which others are able to judge, to some extent at least, its validity. Halpern (1983) initially discussed the inquiry audit in qualitative research, and Lincoln and Guba (1985) developed the concept of the audit trail. The audit trail is the detailed record of the decisions made before and during the research and a description of the research process. Rodgers and Cowles (1993) suggest four types of documentation:

1. Contextual
2. Methodological
3. Analytic
4. Personal response

The *contextual* documents should contain excerpts from fieldnotes of observation and interviewing, the description of the setting, people and location. The political and social context must also be described. Rodgers and Cowles suggest that *methodological* documents include methodological decisionmaking and the rationale for these decisions. *Analytic* documents consist of reflections on the analysis of data and the theoretical insights gained. *Personal response* documents describe the thought processes and demonstrate the self-awareness of the researcher. This self-examination is part of 'reflexivity' discussed later in this chapter. An account of the decisions that were made throughout should be incorporated into the research account to point. Curcliffe and McKenna (2004) do point out, however, that an audit trail is not always necessary though advisable for novice researchers.

## → Thick description

Thick description too, helps to establish the truth value of the research and is linked to the audit trail. The term was coined originally by the philosopher Ryle but developed by Geertz (1973); it means a detailed description of the process, context and people in the research, inclusive of the meaning and intentions of the participants and the researcher's conceptual developments. Thick description provides a basis for the reader's evaluation of quality.

Thick description is an account of the complex processes in a specific context and a rich and 'holistic' and even 'artistic' portrayal of the phenomenon under study. Readers of the research report should be able to follow the research trail, empathise with the participants and draw similar conclusions to the researcher. There is a chance, however, that the research is not seen as useful if the reader cannot transfer the insight gained from the research to other settings, particularly in the healthcare arena. If the contextual description is rich and the analytical language comprehensive enough to enable readers to understand

the processes and interactions involved in the context, it might be possible to generalise to the extent of stating that people in other settings have a similar way of understanding. Thick description necessitates immersion and prolonged engagement in the setting (see also Chapters 7 and 10).

## Reflexivity

## Reflexivity

Reflexivity means that researchers critically reflect on their own preconceptions and monitor their relationships with the participants and their own reactions to participants' accounts and actions. As the main tool of the research, researchers are part of the phenomenon to be studied and must reflect on their own actions, feelings and conflicts experienced during the research. If they adopt a self-critical stance to the research and their own role, relationships and assumptions, the study will become more credible and dependable. A self-critical stance throughout the inquiry process and location in political and social context enhances the quality of the research. Reflexivity is ongoing through data collection, analysis, interpretation and writing up (see also Chapter 1).

## Quality and creativity

There is an essential tension between the focus on method and creativity, which is sometimes neglected by those who endlessly grapple with validity and its equivalents. There is no complete consensus about the quality of qualitative research and the criteria adopted. Whittemore *et al.* (2001) add secondary criteria to those outlined by some of the writers mentioned before.

The obsession of qualitative researchers with validity and related issues is due to a defensive stance in relation to the critics of qualitative research by positivist writers. Sparkes (2001) claims that the topic of validity will remain unresolved and different perspectives on it can coexist because of the variety of epistemological and ontological stances. However, we suggest that as long as qualitative inquiry is seen as 'not really' valid by quantitative researchers, those who undertake qualitative studies will have to explain why their work is credible, and that the quality criteria by which to judge it are useful devices to demonstrate this.

Cho and Trent (2006) maintain, however, that just because certain techniques and strategies have been used to establish validity or trustworthiness, there are still no guarantees that the knowledge obtained is valid, especially as the researcher has transformed the data and interpreted the findings.

*Whatever labels health professionals apply, they have to demonstrate that their research has truth value, and they should be consistent in the language, concepts and methods used to demonstrate this.*



### Summary

There are several distinct schools of thought about criteria for judging qualitative inquiry.

Qualitative researchers use either the conventional criteria of validity and reliability or alternatives such as trustworthiness and authenticity. There are a few writers who do not see the need to make it explicit but there is no shared understanding of the concepts.

Strategies to ensure the quality of the research include member checking, the search for alternative cases, peer debriefing, triangulation, disclosing an audit trail, thick description and reflexivity.

It is important for researchers to spend time in the setting and immerse themselves in this.

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## CHAPTER 19

## Writing up Qualitative Research

## The research account

Writing the report of the research is an important task for the researcher; the presentation is in the public domain and can be reviewed by others. Researchers submit the results of their work to external examiners, commissioning or funding agencies, or to a journal for peer review either in the academic or professional arena. If the study is a thesis or dissertation, the candidate will have guidelines for presentation and these should be followed. Although conventions for writing up exist, the format may vary from one institution to another. The research report mirrors the proposal though the latter is more detailed and, of course, includes the findings and discussion. There are alternative forms of presenting findings which will be discussed later.

Writers must take into account the potential readership; there is a clear difference between reports that are written for practitioners in the clinical setting, those for funding bodies, and a research dissertation or thesis. Employers and practitioners are more interested in the results and implications of the research for practice and less concerned with philosophical and theoretical issues, while academics see the latter as important and value the process of learning how to research. Occasionally health professionals or academic writers feel it is more appropriate to write two separate reports on the research, one for the university in which they are taking their degree and the other for the practice setting. In all these reports, anonymity and confidentiality of the research participants are essential elements.

The format should match the research design; in a qualitative thesis, the rationale and the methodology section sets a frame for the research. Readers and reviewers must be able to follow all the procedures and processes of the study, thus ensuring that the methods and logic of the study are explicit and open to public scrutiny (see Chapter 18 for audit trail). Background and prior assumptions of the researcher must also be divulged to others. On a practical level it is useful to have a style sheet, similar to the sheet that

journal editors present to article writers, where the researcher notes down all the consistent elements, such as certain spellings, the type of referencing both in the chapters and at the end of the dissertation or report, the format for headings and other aspects, so this can be used throughout the report (advice from Wolcott, 2001). Many students lack consistency in style and spelling.

Supervisors will generally ask their own students to write an outline for the research well before they attempt to write a full draft so that they have a tentative structure.

#### Use of the first person

When writing up introduction and methodology, it is better that researchers write in the first person to show that they are accountable for their actions. It sounds pompous and dull when they state 'the researcher has found... the author does... the writer considers...' etc., and Webb (2002), in an editorial for the *Journal of Advanced Nursing*, claims that first person writing is more reader-friendly. Qualitative research – and increasingly quantitative research – does not proceed in an objectified and neutral way. Gilgun (2005) too, advocates the use of the first person because researcher roles become integrated into the study. Researchers can use the first person when they describe what they themselves chose to do. For instance, researchers would not say when speaking about their own actions 'the author chose a sample, or the researcher used the methods...' etc. They might write 'I chose a purposive sample of... I collected the data through...'. It is important, however, that the first person is not overused, and the use of 'I think, I feel, I believe' throughout is not appropriate. Those who do not wish to use the first person might choose the passive form (although this is not considered good English); for instance 'a purposive sample was chosen...' etc. Wolcott (2001) confirms:

'Recognising the critical nature of the observer's role and the influence of his or her subjective assessments in qualitative research makes it all the more important to have readers remain aware of that role, that presence. Writing in the first person helps authors achieve those purposes. For reporting qualitative research, it should be the rule rather than the exception.'

(Wolcott, 2001: 21)

Geertz (1988) warned two decades ago against the 'author evacuated text'; Charmaz and Mitchell (1996) speak of the 'myth of silent authorship' and encourage the inclusion and presence of the writer in the text. This means writing sometimes in the first person.

#### The format of the report

The structure of a qualitative report is often organised in the following sequence, though this may differ between studies:

- Title
- Abstract
- Table of contents (in some guidelines this appears after acknowledgements)
- Acknowledgement and dedication
- Introduction
  - Background and rationale (justification) for the study, including its aim
  - Initial literature review (or overview of the literature)
- Entry issues and ethical considerations
- Methodology and research design
  - Description and justification of methods (including type of theoretical framework such as symbolic interactionism or phenomenology)
  - The sample and the setting
  - Specific techniques and procedures (such as interviewing or observation)
  - Data analysis
  - Trustworthiness and authenticity (or validity and reliability, depending on the terms used)
- Findings/results and discussion
- Conclusion and implications
- Reflections on the research
- References
- Appendices

Qualitative writing may differ substantially from a quantitative report, although commonalities exist. The main distinction lies in the flexibility of the qualitative report. The findings and discussion are the most important elements of the final write-up (see Ponterotto and Grieger, 2007 for advice on communicating qualitative research).

A list of abbreviations, acronyms, and/or a glossary of terms employed and written in alphabetical order, is useful before the first chapter or at the end of the study. The first time the terms are mentioned in the writing, they have to be written in full, with the abbreviations in brackets. From then on, abbreviations can be used.

The title of a study is important, especially if it is presented as a student project, dissertation or thesis because it is the first and most immediate contact the reader

has with the research, and its impact on judging the work can be considerable. We would argue for a concise but informative title which sounds interesting but not facetious. It must be remembered that it is initially a working title and may change when some of the research has been done, so it can encompass emergent ideas.

#### Examples of titles

*Impact of euthanasia on primary care physicians in the Netherlands.*  
(van Marwijk *et al.*, 2007).  
*Recovery in Anorexia Nervosa: The struggle to develop a new identity.*  
(Newell, 2008)  
*Self within a climate of contention: Experiences of chronic fatigue syndrome.*  
(Travers and Lawler, 2008)

Writers often use explanatory subtitles; Silverman (2005) for instance prefers two-part titles. The title gives a clear and succinct picture of the study's content. Punch (2005) advises that the title should not be long but contain all essential information. Novice researchers sometimes include redundancies in the title such as 'A Study of...' 'Aspects of...' or 'Inquiry', 'Analysis', 'Investigation'. These clutter up the title. Although the title should reflect the aim of the research it would be clumsy to give the whole aim in the title. Questions usually do not make good titles, although there may be some exceptions.

The title page in a dissertation or thesis contains the title, the name of the researcher, the year and the name of the educational institution at which the student was enrolled. There is generally a pro forma for the title page at most universities. They also specify other details for the finished dissertation such as word allowance or size of margins. Obviously this differs for other types of research.

#### Abstract → Abstract

The abstract is a summary of the study and is written when the research is completed. In a dissertation or thesis it appears on the page behind the title but before the table of contents and the full report. The abstract provides the reader with a brief overview of the research question and aim, methods adopted, and the main findings of the study. It might include the implications of the study in one or two succinct sentences.

Depending on the size and type of study, the abstract should contain between 200 and 500 words, usually contained in one sheet of A4 paper in single spacing and often written in the past tense. Writers should keep to the word limit

specified for them by the university or commissioning agency and be selective about the content. Journal editors too, specify the form of the abstract which may be structured.

#### Example of article abstract

The stigmatisation of people with chronic back pain

##### Abstract

**Purpose** This study responded to the need for better theoretical understanding of experiences that shape the beliefs, attitudes and needs of chronic back patients attending pain clinics. The aim was to explore and conceptualise the experiences of people of working age who seek help from pain clinics for chronic back pain.

##### Methods

This was a qualitative study, based on an interpretative phenomenological approach (IPA). During in-depth interviews in their homes, participants were invited to 'tell their story' from the time their pain began. Participants were 12 male and 6 female patients, aged between 28 and 62 years, diagnosed as having chronic benign back pain. All had recently attended one of two pain clinics as new referrals. The interview transcripts were analysed thematically.

##### Findings

Stigmatisation emerged as a key theme from the narrative accounts of participants. The findings expose subtle as well as overt stigmatising responses by family, friends, health professionals and the general public which appeared to have a profound effect on the perceptions, self esteem and behaviours of those interviewed.

##### Conclusions

The findings suggest that patients with chronic back pain feel stigmatised by the time they attend pain clinics and this may affect their attitudes and behaviours towards those offering professional help. Theories of chronic pain need to accommodate these responses, while pain management programmes need to address the realities and practicalities of dealing with stigma in everyday life.

(Holloway *et al.*, 2007)

The abstract for a thesis or dissertation is generally a little longer than that for an article. It does not need to include the rationale of the study or an introduction. All important information is included.

### Example of abstract for thesis

*The lived experience of final-year student nurses of learning through reflective processes*

This scientific phenomenological study aims to explore and better understand the lived experience of learning through reflective processes, the nature, meaning and purpose of reflective learning, what is learned and the triggers and processes that enable meaningful reflective activity. Ten final year nursing students who felt that they had experienced learning through reflective processes were invited to describe their lived experiences of the phenomenon during taped phenomenological interviews. The rich and contextualised data were analysed using the four steps for descriptive phenomenological analysis proposed by Giorgi (1985).

The findings essentially differentiate between authentic reflective learning which enables the emergence of 'own knowing', and the academically driven activities often perceived as 'doing reflectart'. Authentic and significant personal 'own knowing' is derived from reflective activity prompted by unpredictable, arbitrary occurrences experienced in everyday encounters in the professional and personal worlds of the participants which stimulate meaningful existential questions that, in turn, demand attention and drive the commitment to ongoing reflection. Engagement with authentic reflective activity is often triggered by an insistent and personal 'felt' sense of a need to understand and know 'something more for the self', and this activity demands for more privacy than the contemporary literature acknowledges.

On the cusp of registered practice, the participants described how the maturation of reflective activity had enabled them to engage with the struggle to locate themselves personally and professionally in the context of care, to establish and refine personal and professional values and beliefs and to consider the realities of their nursing practice. Reflection enabled the participants to recognise and affirm that they had become nurses and could fulfil the role to their own and others' expectations. Their reflective knowing and understanding was active and embodied in the way they lived their nursing practice.

Analysis of the lived experience of learning through reflective processes has raised a number of issues for nurse education, in particular how student nurses may be supported in coming to know themselves and to become reflective, the importance of supportive mentorship and the significance of role modelling in professional development, the psychological safety of the 'practicum' and the need for privacy for authentic reflective learning.

(Rees, 2007).

The abstract is the 'public face' of the research as it appears on databases, websites and in abstract books, so it is of major importance in the research. Alexandrov and Hennerici (2007) maintain that the abstract determines whether the work might be chosen for presentation and communicated in a readable and appropriate way.

→ Acknowledgment dedication

Traditionally all researchers, especially PhD or MPhil candidates give credit to those who supported, advised or supervised the research, and they also acknowledge the input of the participants. Often the writing is dedicated to particular individuals such as parents or spouses. Sometimes writers overwork and exaggerate 'thank you notes' or dedications, but of course, acknowledgement of others' help is important.

→ Contents

Academic research reports have a table of contents before its main chapters begin. It cannot be finished before the whole project is finalised and written. The content is sectioned into chapter headings and subheadings with page numbers. In an undergraduate student project, the table of contents should be concise and need not be too long and detailed.

→ Introduction

→ Background & rationale

In the introduction the writer informs the audience about the research question or topic. The introduction consists of the background and context of the research as well as the aim – the overall purpose of the project. Writers explain why they have become interested in the question, how their project relates to the general topic area, and what gap in health knowledge might be filled by the new research through linking the question to the potential implications for practice. In the introduction, the researcher explains the significance of the study for the clinical setting and how it could improve clinical practice or policy. Researchers need to justify the chosen topic, and why it is relevant for the profession and for themselves at this time. The background section sets the scene for the study. It is useful for the researcher to ask the 'so what?' question to keep the background section relevant.

→ Overview of the literature review

This section can stand on its own, or it can become an integral part of the introduction. The literature in qualitative studies has a different place from that in

quantitative research. Of course it must show some of the relevant research that has been done in the field. The researchers summarise the main ideas from these studies, their problems and contradictions, and they show how these papers relate to the project in hand. It is important in qualitative reports not to explore every piece of research in the field at the start of the study, nor to give a critical review of *all* the literature but the main foundational studies, those which are specifically relevant and up-to-date research. Gaps in knowledge become apparent at this point. At this stage, the research question is linked to the literature (see Chapter 3 for more detail on literature review). By the end of the introductory section, the reader should be in no doubt that qualitative research, in the form suggested by the researcher, was most appropriate to meet the research aim.

### Study issues and ethical considerations → Entry issues & ethical considerations

Health researchers describe entry and ethical issues (see Chapters 3 and 4). It must be stated how the participants were approached, for instance whether researchers advertised on a notice board or approached the potential participants personally. How did researchers gain permission from gatekeepers, those in the position of power to grant access to the setting (managers at various levels and local research ethics committees)? If patients are involved, their consultants or GPs might have to be asked for their permission if they are still under treatment.

Last, but most importantly, health professionals should make explicit how the ethical principles were followed in the study, and how the participants' rights were protected. It is important that individual participants cannot be recognised in the report. To have permission from ethics committees might be essential, but it does not necessarily ensure that the researcher behaves ethically!

### General issues and methods → Methodology & research design

The methodology chapter includes several subsections: the research design and methodology; the methods, including data collection, sampling, detailed interviewing or observation procedures and a description of the data analysis. In qualitative research, the methodology is of particular interest because the researcher is the main research tool and has to make explicit the path of the research, so that the reader knows about the details of design, biases, relationships and limitations and is able to follow the decision trail. Hence the methodology section is often longer than its equivalent in a quantitative study.

### General issues and public issues → Description & justification

The research design usually includes the main methods and the theoretical framework. Researchers briefly describe the methodology they adopt and the

reasons and justification for it. They also explain the fit between the research question and the methodology.

### The rationale and setting → The Sample Setting

The sample is described in detail. Not all purposive sampling is fixed from the beginning (for instance, not in grounded theory (GT)). The writer describes the informants, who they were, how many were chosen and the reasons for the choice. Researchers tell the reader how they obtained their sample and portray the setting in which the study took place. If there is theoretical sampling, this must also be explained (see Chapter 11).

#### Example 1: People and setting

[For instance] Thirty mothers, seventeen midwives, four neonatal nurses, three paediatricians, three senior house officers and three healthcare assistants were interviewed in the postnatal ward and newborn-baby unit over a period of nine months.

(from Cloherty et al., 2004)

#### Example 2: Theoretical sampling

[For instance] The sample was not predetermined but depended on the concepts relevant to the emerging theoretical ideas. It seemed that older people tended to adhere to the advice of GPs more than the young. I approached a number of young people for the study to follow this up.

Or

Fear of loss of control seemed to arise as a major element in the study through progressive focusing. I explored this with a further sample and went back to some of the original participants to examine this concept.

### Specific techniques and procedures

The methodology section gives information about the data collection. The researcher describes the procedures such as interviewing, observation or other strategies that were used and any problems encountered. The outline should not be a general essay on procedures but a step-by-step description of the work in hand so that the reader can follow it closely. It is necessary that researchers give the reasons for using a particular methodology and research strategies and describe the procedures of collecting data. The reader should know how the data were collected and stored.



**Example**

The data were collected through unstructured interviews (with an aide mémoire) which took place in the informants' own homes and were tape-recorded with their permission. Interviews lasted between one and three hours. I transcribed the interviews and locked the numbered transcriptions safely away from the list of informants' names. Collection and analysis of data took place simultaneously as is usual in GT. (A dissertation or thesis needs more descriptive detail.)

*Data analysis* → **Data analysis**

The data analysis needs to be explained and should include the ways in which data were coded and categorised and how theoretical constructs were generated from the data. It is useful, and essential in dissertations or theses, to give examples from the study. A detailed account of the chosen type of analysis is required. The readership is entitled to know whether a computer analysis was used.

**Example of data analysis in grounded theory research**

Using guidelines based on the GT approach of... (here the particular type of GT would be given, i.e. Strauss and Corbin, Glaser or Charmaz for instance), data were collected (a detailed description of the data collection procedures is necessary here) and analysed simultaneously. The method of analysing data by 'constant comparison' is one of the unique features of the GT approach. The data were coded, categorised and constantly compared (detailed examples should be given) to produce concepts grounded in the data. Through theoretical sampling, I followed theoretical concepts that had relevance to the emerging theory. Comparison with the data and the sampling of ideas in the literature were continued until saturation occurred and no new data of relevance to the developed theory emerged.

If this were a dissertation or thesis, more detail and examples of each step should have been presented, so that the audit trail is clearly demonstrated.

*Trustworthiness* → **Trustworthiness**

This section will demonstrate how the researcher ensured the validity (trustworthiness) of the research (see Chapter 18 for a discussion of this topic).

*Findings/results and discussion* → **Findings/results discussion**

There are several ways to present qualitative findings and discussion. The first is written in the traditional format in which findings and discussion are separated

and follow one another. Findings without discussion and comments do not always make a good storyline; therefore the findings and discussion are often integrated. This gives more meaning to the report and shows the storyline more clearly (but again, no rigid rule exists about this). Some writers present a brief summary of the results in a diagram, and then discuss each major category (or construct, or theme) in a few sentences before starting the findings and discussion chapter. In each chapter the data the researcher collected are discussed first. The additional evidence for the particular category or as a challenge to the findings of the researcher. A dialogue with the literature needs to be ongoing throughout the research.

*Telling the tale* → **Telling the tale**

In a qualitative report writers tell a story which should be vivid and interesting as well as credible to the reader. This sometimes means writing and rewriting drafts until a storyline can be discerned clearly. Although there may be similarities with journalism or fiction, writers have to keep in mind that research accounts have a different purpose, namely to give an accurate and systematic analysis of the data and a discussion of the results. A good qualitative study need not be dry and mechanistic but reflects the researcher's involvement. The events, the people and their words and actions should be made explicit, so that readers can experience the situation in a similar way to the researcher, albeit with the researcher's interpretations or more abstract descriptions of the phenomenon under study. The communicative element is of special importance in the presentation of qualitative research so it can make an impact on its readers and remind them that the participants are 'real' people. Holloway (2005: 282) reminds researchers that scientific writing need not be incomprehensible but should capture the audience's attention, have immediacy and present a good story.

*The use of quotes from participants* ←

Direct and verbatim quotes from interviews or excerpts from the fieldnotes are inserted at an appropriate place to show some of the data from which the results emerged. Sandelowski (1994) lists some of the uses of quotes in qualitative studies and argues that they give insight into people's experiences and their meanings and interpretations of the situation and illustrate the arguments of the researcher. The content of the quotes helps the reader to judge how the findings were derived from the data, to help establish the credibility of the emerging categories or themes and provide the reader with a means of auditing these. The writers, of course, must take care that the quotes convey the meanings and feelings of the participant and are directly connected with the themes the research seeks to illustrate. Sandelowski gives importance to both content and

style of quote. A direct quote of the participants' words in a study makes the discussion more lively and dynamic. Long rows of quotes or continuous duplication are not needed, and frequent very short quotes might make the study look fragmented. The choice of quotes should demonstrate that the data come from a wide range of participants rather than just one or two, except when the researcher explores deviant or negative cases. The quotes, according to Green and Thorogood (2004), are indeed examples of particular concepts to demonstrate to the reader that the ideas discussed are based in the data. Corden and Sainsbury (2006: 98) point out that quotes help to 'clarify the links between data, interpretation and conclusions'. They report that participants valued the inclusion of their own words as they felt their voices were heard and represented. Corden and Sainsbury advise researchers to consider carefully the ethical issues involved with using quotes such as, for instance, protection of identity and anonymity.

#### The use of quotations from the literature

Trying to give substance to their own arguments, inexperienced health researchers often quote the words of experts. This can interrupt the storyline of the research. Sometimes it is better to avoid a quotation when it can be paraphrased or summarised, but of course, the idea should still be credited to the originator.

When a specific phrase is critical and written by a well-known expert or author of a classic text on the field of study, a quotation can be used. Occasionally it does enhance a piece of writing and is appropriate. When using substantial quotes from books or articles, page numbers should be given.

We must warn researchers of two common mistakes. First, researchers often write in a very complex way and use incomprehensible terminology. In their fear of sounding simplistic and not academic, researchers in the field of healthcare often complicate and obscure simple and clear issues. It is important to express ideas in clear and unambiguous terms, although they should not, of course be simplistic. The second flaw is linked to a lack of analysis. It is not enough to simply give a collection of lengthy quotes and summarise their content. This is not analysis. Researchers have to develop their theoretical ideas and interpretations, build them into the study and then illustrate them with the relevant quotes from the participants.

#### Conclusion and implications → conclusion & implications

Generally studies end with a conclusion. The conclusion is a summary of the findings in context. It must be directly related to the results of the specific study, and no new elements (or references) should be introduced here unless

they are necessary. The conclusion reviews what has been learnt in relation to the aim, the theoretical ideas and propositions that emerged from the study. Dramatic and overly assertive conclusions can be dangerous and pretentious in a small project. Novice researchers seldom generate 'formal theory' or come to significant conclusions; their research is small in scope – though extensive in depth; however, the modest scope does not mean that the piece of research has no importance or implications for the clinical area.

Woods (2005) has a list of considerations for the conclusion. He asks researchers whether their writing has answered the questions asked, whether there are weaknesses and limitations, and how these can be addressed. Of course, it is important to demonstrate that the study has added to knowledge in the field. The conclusion often provides a new light on the topic. The conclusion should be placed in the context of conclusions of other studies, the more general framework of the area under study and how it fits within the global picture of the topic. The full discussion of relevant related literature has been given however in previous chapters as is usual in qualitative research.

In health research and other projects for clinical and professional settings, the conclusion contains the implications and, if appropriate, the recommendations that could be made on the basis of the results. The implications can be integrated into the conclusion, they can be discussed towards its end or they can form a separate section following on from the conclusion. The implications must be based *directly* on the findings of the study which has just been completed; all too often they are not linked sufficiently to the findings, or based on the work of other researchers. Any significant policy implications can also be addressed here.

Some researchers tend to overestimate the importance of their research, and this can be avoided as readers are sceptical about exaggerated claims.

To check the quality of their conclusion researchers might ask the following questions:

Why have I included this here? (on reflecting about a statement)

What are the main issues arising from the data?

How has the study achieved its aim(s)?

What were the answers to the research question?

What is new and different in my research?

How has it contributed to knowledge?

How does it fit within the wider framework of the knowledge and advances in this topic area?

What are the implications for the profession or policy that derive from my study? (Not from other people's work!)

Many academic researchers reflect on their project and adopt a critical stance to it, usually towards the end of their dissertation or thesis. They demonstrate how the research could be improved, extended or illuminated from another angle. At this point they might point to its limitations and their own biases, which they might not have made explicit in the main body of the study and describe some of the problems they encountered. Not all studies contain this reflective section and sometimes they are part of the conclusion. Nurses and other health professionals who take a reflective stance could discuss at this point how they have professionally and personally developed and changed through the research. The description of their own location in the research is called reflexivity (see Chapter 18).

A statement about validation of a qualitative study by a survey or other quantitative methods might suggest a lack of awareness that a qualitative study can stand on its own, has its own validation procedures and cannot be judged from the quantitative researcher's point of view, but occasionally a direction for a different type of research might have to be indicated.

## Referencing

For academic studies the Harvard system of referencing is generally used, but other formal systems of referencing may be acceptable to the students' supervisors, journals or funding bodies. It is best to find out about this before the start of the study from supervisors, course leaders or handbooks and journals. Sometimes slight variations in advice are given in libraries, but the information must be correct and detailed in a research report. Sloppy references are the cause of criticism and might well generate 'a negative halo effect'.

The writer should compare the references in the text with the selected bibliography and make sure that every reference is included. We often find that student referencing is incomplete, incorrect or insufficient. Page (the singular) is shortened to p.; pages – the plural – to pp. but for journals the pp. or p. is usually left out. The title of the book or the name of the journal should be underlined or written in italics. Page numbers are stated in the references when an article in a journal is given, or a chapter in an edited book is referenced. Direct quotations from books or articles need page numbers after name and date (for instance: Smith 2008: 7 – or – Smith 2008, p. 7; Smith 2008, pp. 7–11).

Educational institutions, within certain parameters, may have their own rules about referencing. Publishers of books and articles, too, use different ways of referencing. In this book for instance we follow the guidelines of our publisher.

## Reflections & reflexivity

A table of informants (with pseudonyms), their ages, experience or length of service is sometimes included by writers (making sure, however, that anonymity is preserved, particularly when the participants or informants might easily be recognised). An interview guide and a sample interview transcript (in a study that uses interviews) could be attached as an example for the reader to help in understanding the development of the data collection. Some researchers' observations might be given to demonstrate their use. Appendices depend on the advice given to researchers and on their own common sense, but there should not be too many sections. Sometimes researchers attach the formal initial letter to participants or an example of the letter of permission. A copy of the letter of approval from the ethical committee should be attached, and where appropriate, the researcher blocks out the address and location of the research. The words in appendices do not count as part of the study.

The appendices (plural of appendix) are placed at the very end of the study after the bibliography in the order in which they appear in the chronology of the study. For instance, the example of the initial letter to participants would be placed before the exemplar of an interview transcript. Universities might have their own rules about the use of appendices or footnotes.

## Critical assessment and evaluation

Researchers must be aware that the readers of a research study or report evaluate and judge the quality and credibility of the research and look for particular components and details. For these reasons a short guide to evaluating qualitative inquiry follows which is based on a number of writings by others, such as Horsburgh (2003), Ryan *et al.* (2007) and Green and Thorogood (2004). It is clear that many, though not all the criteria and issues for appraisal are different and distinct in qualitative research. The checklist below contains important factors to consider when evaluating a qualitative research study. It would be useful for researchers to examine their own study in the light of these elements.

## Guide to appraisal

### The research question and method:

Is the research problem or question suitable and feasible for qualitative research?  
Is there a clear rationale for the study and the methodological approach?  
Does the study show that the data of the researcher have priority?

**The abstract:**

- Does it state the aim and describe the methodology and methods, (including sampling)?
  - Does it summarise results, conclusions and implications?
- The literature:**
- Is there an initial overview that demonstrates the gap in knowledge?
  - Are there connections to existing and relevant theories?
  - Has the appropriate literature related to the findings been integrated into the study?
  - Are the references comprehensive, relevant and up-to-date, and do they include some foundational texts?

**The sample:**

- Does the researcher use purposive sampling (including theoretical sampling if appropriate)?
- Are the criteria for sampling made explicit?
- Is the sampling explained adequately?
- Is the type and size of sample justified?

**Entry and ethical issues:**

- Does the researcher state how he or she gained access to the participants?
- Were the rights of participants safeguarded (including their right to withdraw from the study)?
- Are issues of anonymity and confidentiality discussed in relation to the study?
- Are issues of power taken into account?
- If vulnerable clients are included in the sample, is this inclusion justified?
- Are major ethical issues discussed?
- Has the study been approved by ethics committees and review boards?

**Data collection and analysis:**

- What are the data sources, and are they appropriate for the study?
- How are the data collected, transcribed and stored?
- Is the method of analysis identified and described (with examples)?
- Is the data analysis systematic and detailed?
- (In GT: do data collection and analysis interact?)

**The findings and discussion:**

- Is the presentation of the findings appropriate for a qualitative approach?
- How have these findings been discussed in relation to the literature?
- Does the researcher explain the trustworthiness (validity) of the study?
- Is the 'audit trail' traced in detail?
- How have these issues been managed?
- Is there an element of reflexivity?

**Conclusions and implications:**

- Has the study met its aim?
- Does the conclusion clearly state what was learned from the research?
- Do the conclusions come directly from the data?
- Are the implications for clinical practice discussed?
- Do they emerge directly from the findings of the study?

**Publishing and presenting the research**

If the findings are significant, the researcher has the responsibility to disseminate them to a wider group such as colleagues and other health professionals.

Sometimes health professionals produce a book based on their thesis or a chapter in an edited book. Most publishers have guidelines for writing book proposals. The proposal then goes to their editorial board to decide whether the book is worth publishing, in their view, and commercially viable. If their proposal is not accepted the study might be too esoteric or not interesting for a larger market. Commercial considerations are the main concern of publishers, and these depend on the general appeal of the piece of research. Editors are, of course, also concerned about the quality of the content and the ability of the researcher to write clearly and in an accessible style.

More often, students who have carried out research publish an article in a professional or academic journal, often with their supervisor. The length and style of the article will depend on the type of journal; for instance, articles in

the *Journal of Advanced Nursing* are more academic and generally longer than those in the *Nursing Times*. Articles have higher standing in research circles than chapters in books because articles in important academic journals are refereed by experts in the field and count more in the research assessment exercise.

The detailed guidelines for scripts are laid out at the front or the back of the journal. Some journal editors want a very detailed description of the methods adopted (for instance the journal *Midwifery*), others claim that a well-known and widely published methodology, such as GT – can be summarised rather than discussed in great detail (*Sociology of Health and Illness*). Writers must take into account the different styles and guidelines of these journals. As a long research study cannot be fully discussed in article format, researchers choose what to include or exclude. For example, just one chapter, one category or a methodological issue might form the basis of the article. Journal editors or academics sometimes speak of ‘salami slicing’ the research; this practice is appropriate for lengthy and in-depth studies which cannot be reported in a single article.

It is important to write in a lively manner in an article or a book based on qualitative research. This can be achieved through a good storyline and enhanced through vignettes or excerpts from interviews or fieldnotes, taking into account, of course, that individuals should not be recognised in the descriptions. Good diagrams might clarify some of the aspects of the work. Different journals address different audiences.

#### Types of articles

The book by Corbin and Strauss (2008) states that three types of paper are published in journals, intended for different readership:

1. For academic colleagues
2. For practitioners
3. For lay readers

#### Articles for academic colleagues

There are those colleagues who have a particular interest in the theoretical and methodological framework as well as in the research topic and implications of the findings for practice. The *Journal of Advanced Nursing*, *Physiotherapy: Theory and Practice*, *Midwifery* and *Qualitative Health Research*, for instance, are examples for journals publishing this type of article and have high impact rating for the Research Assessment Exercise. Even the *British Medical Journal* has recently had articles on qualitative research. The journals *Qualitative Research* and *Qualitative Inquiry* deal mainly with methodological issues but are not nursing publications (*Qualitative Inquiry* and *Qualitative Health Research* are

journals published in the United States while *Qualitative Research* is published in Britain). *Nurse Education Today* covers educational issues and research in nurse and midwifery education. The *International Journal of Nursing Studies* and the *Journal of Clinical Nursing* are also high-ranking journals from the United Kingdom, but there are many others. The academic standard of some journals is high, and their editors and reviewers demand high standards in their articles.

#### Articles for practitioners

Examples of journals intended to assist practitioners are *Nursing Times* or *Senior Nurse* or the *British Journal of Midwifery*. There are many others, and their language is more accessible for professionals. In these journals one can find articles which describe findings and address the implications of these findings for clinical practice. Often the writers of these articles develop ideas that assist in the understanding of patients or the work of nurses and midwives.

#### Articles for the lay reader

Some articles are meant for lay readers. Although most nurse and midwife researchers do not write for this readership, occasionally an article in a specialist magazine could actually help members of a group or the general population. For instance, an article on research into hormone replacement therapy in a women’s journal might give information to women, though it would have to be short, clear and accessible. It is necessary that researchers write with integrity and factual accuracy.

#### Student articles

All students carrying out PhD or MPhil and even MAMSc research should attempt writing articles; some universities encourage this during the process of the research, others suggest writing after completion of the research degree. There is an academic tradition that candidates publish with their supervisors who, of course, have had a major input in the research and will help in refining the article, critiquing it and possibly writing sections for it. Nevertheless, the student’s, not the supervisor’s, name should be first on the list of authors. In early articles it is useful to seek the help and advice of supervisors who know the different journals and their editors’ styles and preferences.

It is very useful for all students to publish, if their work is acknowledged as valuable by their supervisors or managers, as they not only get used to disseminating their research, but also because it will eventually enhance their status within the profession. Burnard (2004) notes that the research project is not properly finished until the findings have been published and Evans (2008: 1) even adds that ‘research that is not written up is wasted’.

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There are a variety of ways to present or disseminate qualitative research. Keen and Todres (2007) describe some of these non-traditional forms which might include theatrical performances, dance, poetry or others. One student who is undertaking a PhD, for instance, is writing a play based on her research with old people, others have presented films which are rooted in the research with patients. Some of alternative forms of presenting the data or findings evoke strong feelings in the audience (see Chapter 15 on performative social science).

### Summary

The main points to remember when writing up research are listed below.

- Qualitative research provides flexibility for writing research accounts.
- The structure of a qualitative report might be different from that of a quantitative study.
- Ethical issues and access must be addressed.
- The findings and discussion are the major part of the study in which the literature is integrated.
- Reports in qualitative health research need a strong conclusion with implications for the profession and/or clinical practice directly based on the findings.
- The research should be presented in an interesting way which communicates with the reader.
- To be of use in practical terms, the research needs to be disseminated.

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## Further reading

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## Glossary

**Abstract:** A concise summary or synopsis of the research stating the aim, nature and scope of the study and its implications.

**Action research:** A cyclical approach to research in which researchers are, or collaborate with, practitioners to effect change or use an intervention, evaluate it and modify their practice in the light of evaluation. The process goes on until the optimum situation has been achieved.

**Aide mémoire:** Key words or short questions that aid the memory of the researcher and focus on areas of interest or importance for the researcher during in-depth interviewing.

**Analytic induction:** An approach to analysis that involves inductive processes and which makes inferences from the specific to find general rules or theories.

**Appendix (pl. *appendices*):** Additional material at the end of the study. It is not included in the word limit and is located either before or after the bibliography (depending on institutional rules).

**Assumption:** A belief or assertion which is taken for granted by the researcher but has not been verified.

**Auditability:** Research is auditable if readers or other researchers are able to follow the methodological processes of the first researcher.

**Audit trail (or *decision trail*):** A detailed explanation of the decision-making processes of the researcher to demonstrate the logic and development of the research path.

**Authenticity:** A term used to demonstrate that the findings of a research project are representative of the participants' perspectives, that the study is fair and helps participants to understand their social world and improve it.

**Autoethnography:** An approach in ethnography where researchers and their own thoughts and feelings are at the centre of the research.

**Bias:** A distortion or error in the data collection, analysis or interpretation which has its origin in strongly held values or feelings of the researcher or an individual participant.

**Bracketing (in phenomenology):** Taken-for-granted assumptions and presuppositions about a phenomenon are suspended and the researcher focuses on the phenomenon itself.